Agency Report of:

Ceremonial	Role	Events	and	Ticket/Pass	Distributions

A Public Document

1.	Agency Name		Date Stamp California O O				
	County of Los Angeles					Form 8UZ	
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
	Board of Supervisors, Fifth I	District					
	Designated Agency Contact ((Name, Title)					
	Sandra Cruz, Ticket Adminis	strator				L	
	Area Code/Phone Number	E-mail			Amendment (Must Pro	vide Explanation in Part 3.)	
	(213) 974-5555	scruz@bos.laco	ounty.gov		Date of Original Filing:(month, day, year)		
2.	Function or Event Inform	mation	*				
	Does the agency have a tick	ket policy?	es⊠ No□ F	ace Value of I	Each Ticket/Pass \$ 168	3.00	
	Event Description: LA Philha		ance		, 08 , 17		
	Ticket(s)/Pass(es) provided	5 E		f no: Walt Dis	ney Concert Hall		
	NAZ PEGPER				Name of Source		
	Was ticket distribution made of agency official?	at the benest Y	es □ No ⊠ ^Ⅱ	f yes:	Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agence	cy's department or uni	t. • Use Section B to i	identify an individ	ual. • Use Section C to identify	v an outside organization.	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy	
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the foll	owing:	
	Porter, Todd	,	2		onial Role Other ing "Ceremonial Role" or "Other" descri	Income In	
					onial Role Other ing "Ceremonial Role" or "Other" descri	Income Income	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursua	ant to the agency's policy	
	Verification						
	I have read and understand FPI with the requirements.			l have verified th	hat the distribution set fortl	above, is in accordance	
0	Signature of Assessition of a Signature		Sandra Cruz		Ticket Administrator	03/10/17	
	Signature of Agency Head or Designe	5C -	Print Name		Title	(month, day, year)	
	Comment:	11					

Ceremon	ial	Role	Events	and	Ticket/Pass	Distributions	
							_

Agency Report of: Ceremonial Role E	vents and Ticke	et/Pass Distr	ibutions	Α	Public Document
. Agency Name				Date Stamp	
County of Los Angeles					Form 802
Division, Department, or	r Region (if applicable)			ĺ	For Official Use Only
Board of Supervisors, I	Fifth District				
Designated Agency Con	tact (Name, Title)				
Sandra Cruz, Ticket Ac	Iministrator			Amondment (March De	ovide Explanation in Part 3.)
Area Code/Phone Numb	er E-mail			N13	
(213) 974-5555	scruz@bos.lac	ounty.gov		Date of Original Filing: _	(month, day, year)
. Function or Event I	nformation				
Does the agency have	a ticket policy?	∕es⊠ No□ F	ace Value of I	Each Ticket/Pass \$ <u>16</u>	8.00
Event Description: LA I	Philharmonic Perform Provide Title/	ance [Date(s)02	<u>, 19 , 17</u> .	
Ticket(s)/Pass(es) prov			f no. Walt Dis	ney Concert Hall	
1101(01(0)/1 add(00) p10*	idea by agency:		1110.	Name of Source	
Was ticket distribution r	made at the behest	′es □ No ⊠ ^I	f yes:	Official's Name (Last, First)	
of agency official?				Official's Name (Last, First)	
 Recipients Use Section A to identify the 	e agency's department or un	it. • Use Section B to	identify an individ	ual. • Use Section C to identif	fy an outside organization.
A. Name of Agency	, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	of Individual ist, First)	Number of Ticket(s)/ Passes		Identify one of the fol	llowing:
Berry, Carmen				onial Role Other on "Other" described Sec 5.3(h)	Income Income
		0		onial Role Other Onial Role Other Other Other	Income Income
	ide Organization ss and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy
Vanidia adia s					
. Verification	/5000 D				
I have read and understan	nd FPPC Regulations 18	3944.1 and 18942.	I have verified ti	hat the distribution set for	th above, is in accordance
with the requirements.					
Sen dry (for	Sandra Cruz		Ticket Administrator	03/10/17

4.	V	е	r	Ī	ï	C	a	ti	0	n	

Sanda Con	Sandra Cruz	Ticket Administrator	03/10/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of:

C	eremonial Role Even	its and Ticket/I	Pass Distr	ibutions	Α	Public Document
1.	Agency Name				Date Stamp	0-116
	County of Los Angeles					Form 802
	Division, Department, or Reg	jion (if applicable)			1	For Official Use Only
	Board of Supervisors, Fifth	District				
	Designated Agency Contact	(Name, Title)	-		1	
	Sandra Cruz, Ticket Admini	strator			Amondment (Mark 5	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Must F	rovide Explanation in Part 3.)
	(213) 974-5555	scruz@bos.lacour	nty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation		5. 3.6 N.S. 11.6		
	Does the agency have a tic	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ 16	68.00
	Event Description: LA Philh	armonic Performand	ce [Date(s)02	<u>, 07 , 17 </u>	
	Ticket(s)/Pass(es) provided	M. DESCRIPTION GRADUATION CONTRACTOR CONTRACTOR		f no. Walt Dis	ney Concert Hall	
					Name of Source	
	Was ticket distribution made	e at the behest Yes	□ No⊠ I	f yes:	Official's Name (Last, First)	
	of agency official?				omoral o Name (East, 1 hat)	
3.	Recipients	1000000				
	• Use Section A to identify the ager	cy's department or unit.	• Use Section B to	identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A Name of Agency, Depart	artment or Unit	Number	Degaribe th	a muhila mususas sus da sus	
	A. Name of Agency, Depart	artifient of Offic	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
			Number			
	B. Name of Indi		of Ticket(s)/		Identify one of the fo	ollowing:
	Deldement Linds		1 40000	Cerem	onial Role Other	l Incomo 🗆
	Balderrama, Linda		4	If check	ring "Ceremonial Role" or "Other" des	
			₹J• 0	Ticket Policy	Sec 5.3(k)	
				Cerem	onial Role Other	Income
				If check	ing "Ceremonial Role" or "Other" des	
					8	
	C. Name of Outside O (include address and		Number of Ticket(s)/	Describe the	e public purpose made purs	suant to the agency's policy
	(include address and	i description)	Passes			
1	Verification		1			
۴.	I have read and understand FP	PC Regulations 1894	4.1 and 18042	I have verified t	hat the distribution and fo	with a bassas to the second
	with the requirements.	1 o regulations 1004- 1	4.1 and 10342.	i ilave velilleu li	nat the distribution set to	rırı above, is in accordance
	Sanda 1 /L	Sai	ndra Cruz		Ticket Administrator	03/10/17
	Signature of Agency Head or Design		Print Name		Title	(month, day, year)
	Commont					
	Comment:	100				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (213) 974-5555 scruz@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168.00 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: <u>LA Philharmonic Performance</u> Date(s) __02__/ 03 / Provide Title/ Explanation If no: Walt Disney Concert Hall Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other 🔲 Income Van de Voorde, James If checking "Ceremonial Role" or "Other" describe below: 2 Ticket Policy Sec 5.3(h) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

Comment: _

with the requirements.	I have read and understand	I FPPC Regulations	18944.1 and 1894.	I have verified that th	e distribution set forth	above, is in accordance
	with the requirements.					and a soft and and a soft a control

Sandra Pr	Sandra Cruz	Ticket Administrator	03/10/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: ____

	gency Report of: eremonial Role Even	ts and Ticket/I	Pass Distri	ibutions	Α	Public Document	
	Agency Name County of Los Angeles Division, Department, or Reg Board of Supervisors, Fifth Designated Agency Contact	ion (if applicable) District		Date Stamp	California 802 Form 801		
	Sandra Cruz, Ticket Admini	strator			Amendment (Must Pro	ovide Explanation in Part 3.)	
	Area Code/Phone Number (213) 974-5555	E-mail scruz@bos.lacour	nty.gov		Date of Original Filing: _	,	
2.	Function or Event Information Does the agency have a tick Event Description: LA Philh Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?	ket policy? Yes armonic Performanc Provide Title/ Expl. by agency? Yes	ce □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Date(s)01	Each Ticket/Pass \$ 16 y 29 y 17 ney Concert Hall Name of Source Official's Name (Last, First)	8.00	
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depart		Number of Ticket(s)/		ual. • Use Section C to identife		
	B. Name of Indi	Number of Ticket(s)/ Passes		Identify one of the fol	llowing:		
	Johnson, Renee		2	Ceremonial Role Other If the Country of the Country			
					onial Role Other or "Other" descripting "Ceremonial Role" or "Other" descriptions	Income Income	
	C. Name of Outside O (include address and	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursi	uant to the agency's policy		
4.	Verification I have read and understand FP	PC Regulations 1894	4.1 and 18942.	I have verified t	hat the distribution set for	th above, is in accordance	
	with the requirements. Signature of Agency Head or Designature	Sai	ndra Cruz		Ticket Administrator	03/10/17	
	July liature of Agency Fleat of Design	T I	THE INGILIE		Title	(month, day, year)	

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	A	New Public Docu	ment
1.	Agency Name			11.10	Date Stamp	California C	202
	County of Los Angeles					Form	302
	Division, Department, or Reg	ion (if applicable)			1	For Official Use	Only
	Board of Supervisors, Fifth I	District					
	Designated Agency Contact	Name, Title)	***************************************		1		
	Sandra Cruz, Ticket Adminis	strator			□ Amendment (tt.)		
	Area Code/Phone Number	E-mail			Amendment (Must)	Provide Explanation in Par	t 3.)
	(213) 974-5555	scruz@bos.lacoun	ty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation		- AMARIAN IS			
	Does the agency have a tick	ket policy? Yes [⊠ No□ I	ace Value of	Each Ticket/Pass \$ $\frac{1}{2}$	68.00	
	Event Description: LA Philha				<u>, 26 , 17 </u>		
	Event Description.	Provide Title/ Expla	nation	1991 54			_
	Ticket(s)/Pass(es) provided	by agency? Yes [□ No⊠ I	f no: Walt Dis	ney Concert Hall		
					Name of Source		
	Was ticket distribution made	at the behest Yes [□ No⊠ ¹	f yes:	Official's Name (Last, First)		
	of agency official?						
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depart		Use Section B to Number of Ticket(s)/ Passes		ual. • Use Section C to iden		14,355.01
			Number				
	B. Name of Indi (Last, Fire		of Ticket(s)/ Passes		Identify one of the f	following:	
	Davis, Jolene		2,		nonial Role Other Carlos "Other" de Vige 5.3(h)	= 1	ncome 🗌
		is the same of the		1	nonial Role Other cing "Ceremonial Role" or "Other" de	-	ncome 🗌
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's p	oolicy
_							
1.	Verification I have read and understand FP with the requirements.	PC Regulations 18944	.1 and 18942.	I have verified t	hat the distribution set fo	orth above, is in acco	ordance

Sandra Cruz Ticket Administrator 03/10/17 Print Name (month, day, year) Comment: __

Comment: _

	eremonial Role Even	ts and Ticket/F	Pass Distr	ibutions	A	Public Document	
1.	Agency Name				Date Stamp	California 802	
	County of Los Angeles					Form For Official Use Only	
	Division, Department, or Reg					For Official Use Only	
	Board of Supervisors, Fifth I]		
	Designated Agency Contact	11 25 15					
	Sandra Cruz, Ticket Adminis	strator			Amendment (Must	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			The second parties along the second second		
	(213) 974-5555	scruz@bos.lacoun	ty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				00.00	
	Does the agency have a tick	ket policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$ _1	68.00	
	Event Description: LA Philha	armonic Performanc	е	Date(s)01	2117		
	Tielest/s/IDsss/ss/ssssided	Provide Title/ Expla	ney Concert Hall				
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🗵 I	no: Wait Dis	ney Concert Hall		
	Was ticket distribution made	at the behest Ves					
	Was ticket distribution made at the behest Yes ☐ No ☒ If yes:Official's Name (Last, First)						
3.	Recipients • Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit		Use Section B to Number of Ticket(s)/	1000		ntify an outside organization.	
	A. Name of Agency, Department of Citic		Passes				
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the following:		
	Franz, Carrie		2	Ceremonial Role Other Interesting "Ceremonial Role" or "Other" describe below: Ticket Policy Sec 5.3(i)			
				7.5000000000000000000000000000000000000	nonial Role Other Cking "Ceremonial Role" or "Other" de		
	C. Name of Outside Or (include address and			Describe th	e public purpose made pursuant to the agency's polic		
						-	
	Verification I have read and understand FP.	PC Regulations 18944	1.1 and 18942	I have verified t	that the distribution set f	orth above is in accordance	

Sandra Cruz Print Name

03/10/17 (month, day, year)

Ticket Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles **Form** Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (213) 974-5555 scruz@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: LA Philharmonic Performance Date(s) 01 / 08 / Provide Title/ Explanation If no: Walt Disney Concert Hall Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income Glasgow, Lori If checking "Ceremonial Role" or "Other" describe below: 2 Ticket Policy Sec 5.3(k) Ceremonial Role Other \square Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

i nave read and understa	and FPPC F	Regulations 1894	44.1 and 1894.	2. I have verifi	ed that the distribu	ition set forth ab	ove. is in ac	cordanci
with the requirements.	A							

Sandar Cly	Sandra Cruz	Ticket Administrator	03/10/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

	gency Report of: eremonial Role Even	ts and Ticket/F	Pass Distr	ibutions	Α	Public Document		
1.	Agency Name		Date Stamp	0.110				
	County of Los Angeles		*	Form 802				
	Division, Department, or Reg	ion (if applicable)	†	For Official Use Only				
	Board of Supervisors, Fifth	District						
	Designated Agency Contact	Name, Title)	1					
	Sandra Cruz, Ticket Adminis	strator						
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)		
	(213) 974-5555	scruz@bos.lacour	nty.gov		Date of Original Filing: _	(month, day, year)		
2.	Function or Event Infor	mation						
	Does the agency have a tick	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ 16	8.00		
	Event Description: LA Philh		<u>, 10 , 16</u>					
	Ticket(s)/Pass(es) provided	to the second content of the second	sney Concert Hall Name of Source					
	Was ticket distribution made of agency official?	at the behest Yes	Official's Name (Last, First)					
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy		
	B. Name of Indi	Number of Ticket(s)/ Passes	Identify one of the following:					
	Toyama, Stan		2	If chec	nonial Role Other or "Other" description of the control of the c	Income Income		
					nonial Role Other king "Ceremonial Role" or "Other" desc	Income Income		
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy		

4. Verification

I have read and understand	FPPC Regulations	18944.1 and	18942. I have	verified that the	distribution set for	th above, i	s in accordance
with the requirements.	1					· · · · · · · · · · · · · · · · · · ·	

Sanda Cu	Sandra Cruz	Ticket Administrator	03/10/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document	A	Pu	ıbl	ic	Do	CU	m	e	n	t
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1.	Agency Name		Date Stamp California								
	County of Los Angeles		**	Form OUZ							
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only							
	Board of Supervisors, Fifth I	District									
	Designated Agency Contact (Name, Title)	i								
	Sandra Cruz, Ticket Adminis	strator									
	Area Code/Phone Number	E-mail		Amendment (Must Pi	rovide Explanation in Part 3.)						
	(213) 974-5555 scruz@bos.lacounty.gov				Date of Original Filing:						
2.	Function or Event Inform	Function or Event Information									
	Does the agency have a tick	et policy? Ye	s⊠ No□ F	Face Value of	Each Ticket/Pass \$ <u>16</u>	8.00					
	Event Description: LA Philha		nce [Date(s)12							
	Ticket(s)/Pass(es) provided		ney Concert Hall								
	Was ticket distribution made	at the behest ve	s □ No ⊠ I	f yes:							
	of agency official?	16	S L NO M		Official's Name (Last, First)						
3.	Recipients										
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.										
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy					
	B. Name of Indiv	ridual	Number		Identificano estas se						
	(Last, Firs		of Ticket(s)/ Passes	***	Identify one of the fo	llowing:					
	Garguilo, Agnes		2		onial Role Other Other or "Other" description of the control of the contr	Income Income Income					
					onial Role Other Other of "Other" description of the control of	Income In					
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe the	the public purpose made pursuant to the agency's policy							
1.	Verification										
,	I have read and understand FPF with the requirements.	PC Regulations 189	44.1 and 18942.	l have verified th	hat the distribution set for	th above, is in accordance					
	Sandres /2	9		Ticket Administrator	00/40/47						
7	Signature of Agency Head or Designe		andra Cruz Print Name		Title Title	03/10/17 (month, day, year)					
	Comment:										
					A STATE OF THE STA						